

N21000002259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone)

☐

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☐

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(Business Entity Name)

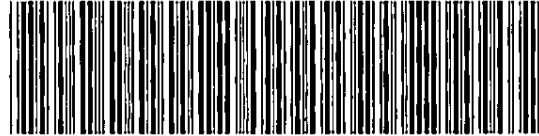
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Account#: I200000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date: 12/02/2024

Name: Cheyenne Davis

Reference #: 2570017

Entity Name: HEALING TOWERS INC

- ☐ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☒ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☐ Other _____

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Authorized Amount: \$35.00

Signature: *Cheyenne Davis*

① CORPORATE HQ
COGENCY GLOBAL INC.
10 E 40TH ST, 10TH FL
NY, NY 10016
D: +1.212.947.7200
P: 800.221.0102
F: 800.944.6607

② EUROPEAN HQ
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REGISTRY #2010712
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③ ASIA PACIFIC HQ
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ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

HEALING TOWERS INC

SECOND: The document number of the corporation (if known): N21000002259

THIRD: Adoption of Dissolution
(COMPLETE SECTION I OR II)

SECTION I

If the corporation has members entitled to vote:

(CHECK/COMPLETE ONE)

☐ The date of meeting of members at which the resolution to dissolve was adopted _____ The number of votes cast by the members was sufficient for approval.

☐ The resolution was adopted by written consent of the members and executed in accordance with section 617.0701, Florida Statutes.

SECTION II

If the corporation has no members or members entitled to vote on the dissolution:

The corporation has no members or members entitled to vote on the dissolution.

The date of adoption of the resolution by the board of directors was August 16, 2024.

The number of directors in office was 4 and the vote for resolution was 4 for and 0 against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: _____
(no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signature: Clay C. Brooker
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

CLAY C. BROOKER

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)

Filing Fee: \$35

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